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<u>L2</u>	(psoriasis) and (antibod\$) same (intradermal\$)	171	<u>L2</u>
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L4: Entry 3 of 9

File: USPT

DOCUMENT-IDENTIFIER: US 6274711 B1

TITLE: Purified mammalian CTLA-8 antigens and related reagents

Brief Summary Text (57):

Purified CTLA-8, when cultured with synoviocytes, is able to induce the secretion of IL-6 from these cells. This induction is reversed upon the addition of a neutralizing antibody raised against human CTLA-8-8. Endothelial, epithelial, fibroblast and carcinoma cells also exhibit responses to treatment with CTLA-8. This data suggests that CTLA-8 may be implicated in inflammatory fibrosis, e.g., psoriasis, sclerodermia, lung fibrosis, or cirrhosis. CTLA-8 may also cause proliferation of carcinomas or other cancer cells inasmuch as IL-6 often acts as a growth factor for such cells.

Brief Summary Text (153):

CTLA-8 protein, fragments thereof, and antibodies to it or its fragments, antagonists, and agonists, may be administered directly to the host to be treated or, depending on the size of the compounds, it may be desirable to conjugate them to carrier proteins such as ovalbumin or serum albumin prior to their administration. Therapeutic formulations may be administered in any conventional dosage formulation. While it is possible for the active ingredient to be administered alone, it is preferable to present it as a pharmaceutical formulation. Formulations typically comprise at least one active ingredient, as defined above, together with one or more acceptable carriers thereof. Each carrier should be both pharmaceutically and physiologically acceptable in the sense of being compatible with the other ingredients and not injurious to the patient. Formulations include those suitable for oral, rectal, nasal, or parenteral (including subcutaneous, intramuscular, intravenous and intradermal) administration. The formulations may conveniently be presented in unit dosage form and may be prepared by any methods well known in the art of pharmacy. See, e.g., Gilman, et al. (eds.) (1990) Goodman and Gilman's: The Pharmacological Bases of Therapeutics, 8th Ed., Pergamon Press, Parrytown, N.Y.; Remington's Pharmaceutical Sciences, 17th ed. (1990), Mack Publishing Co., Easton, Pa.; Avis, et al. (eds.) (1993) Pharmaceutical Dosage Forms: Parenteral Medications 2d ed., Dekker, N.Y.; Lieberman, et al. (eds.) (1990) Pharmaceutical Dosage Forms: Tablets 2d ed., Dekker, N.Y.; and Lieberman, et al. (eds.) (1990) Pharmaceutical Dosage Forms: Disperse Systems Dekker, N.Y. The therapy of this invention may be combined with or used in association with other chemotherapeutic or chemopreventive agents.

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Term	Documents
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ANTIBODT.DWPI,EPAB,USPT.	3
ANTIBODV.DWPI,EPAB,USPT.	11
ANTIBODY.DWPI,EPAB,USPT.	88571
ANTIBOD\$	0
ANTIBOD.DWPI,EPAB,USPT.	343
ANTIBODANTIBODA.DWPI,EPAB,USPT.	1
ANTIBODAY.DWPI,EPAB,USPT.	1
.....	
ANTIBOD\$(ANTIBODY-SEPTORIA).USPT,EPAB,DWPI.	pickup term
.....	
TREAT\$(TREATMENT-TYPICALLY).USPT,EPAB,DWPI.	pickup term
((PSORIASIS) SAME(ANTIBOD?) AND (ANTIBOD\$) SAME (INTRADERMALS) SAME (ADMINIST\$ OR TREAT\$)).USPT,EPAB,DWPI.	9

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L3: Entry 2 of 2

File: DWPI

Jul 1, 1999

DERWENT-ACC-NO: 1993-243131

DERWENT-WEEK: 199933

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TITLE: New 2'3'-di:deoxy-3'-fluoro-purine nucleoside cpds. - used as antiviral agents for treating hepatitis and retrovirus infections e.g. AIDS, ARC, PGL, etc. and psoriasis

Basic Abstract Text (2):

USE - (I) is an antiviral agent esp. useful for the treatment or prophylaxis of a hepatitis, esp. hepatitis B, virus or a retrovirus infection, e.g., HIV and Human T-cell lymphotropic virus (HTLV) (claimed). (I) are esp. useful for the treatment of AIDS and related conditions, e.g., AIDS-related complex (ARC), progressive generalised lymphadenopathy (PGL), kaposi's sarcoma, thrombocytopenic purpura, AIDS-related neurological conditions, e.g., multiple sclerosis or tropical paraperesis and anti-HIV-antibody positive and HIV-positive conditions. (I) may also be used in the treatment of psoriasis. (I) may be administered alone or in combination with other therapeutic agents. Admin. may be oral, rectal, nasal, topical (including buccal, sublingual and transdermal), vaginal and parenteral (e.g., subcutaneous, i.,m., i.v. and intradermal). Dosage is in the range 0.5-120 mg/kg/day pref. 2-60 mg/kg/day and most pref. 10 mg/kg/day.

Equivalent Abstract Text (2):

USE - (I) is an antiviral agent esp. useful for the treatment or prophylaxis of a hepatitis, esp. hepatitis B, virus or a retrovirus infection, e.g., HIV and Human T-cell lymphotropic virus (HTLV) (claimed). (I) are esp. useful for the treatment of AIDS and related conditions, e.g., AIDS-related complex (ARC), progressive generalised lymphadenopathy (PGL), kaposi's sarcoma, thrombocytopenic purpura, AIDS-related neurological conditions, e.g., multiple sclerosis or tropical paraperesis and anti-HIV-antibody positive and HIV-positive conditions. (I) may also be used in the treatment of psoriasis. (I) may be administered alone or in combination with other therapeutic agents. Admin. may be oral, rectal, nasal, topical (including buccal, sublingual and transdermal), vaginal and parenteral (e.g., subcutaneous, i.,m., i.v. and intradermal). Dosage is in the range 0.5-120 mg/kg/day pref. 2-60 mg/kg/day and most pref. 10 mg/kg/day.

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L3: Entry 56 of 80

File: USPT

DOCUMENT-IDENTIFIER: US 5882644 A

TITLE: Monoclonal antibodies specific for the platelet derived growth factor .beta. receptor and methods of use thereof

Detailed Description Text (70):

The invention also encompasses pharmaceutical compositions comprising a .DELTA.5 antibody and a pharmaceutically acceptable excipient. The pharmaceutical compositions for therapeutic treatment are intended for parenteral, topical, oral or local administration. Preferably, the pharmaceutical compositions are administered parenterally, e.g., intravenously, subcutaneously, intradermally, or intramuscularly. Thus, the invention provides compositions for parenteral administration which comprise a solution of the .DELTA.5 antibody dissolved or suspended in an pharmaceutically acceptable excipient or carrier. A variety of aqueous carriers may be used, e.g., water, buffered water, 0.4% saline, 0.3% glycine, hyaluronic acid and the like. These compositions may be sterilized by conventional, well known sterilization techniques, or may be sterile filtered. The resulting aqueous solutions may be packaged for use as is, or lyophilized, the lyophilized preparation being combined with a sterile solution prior to administration. The compositions may contain pharmaceutically acceptable auxiliary substances as required to approximate physiological conditions, such as pH adjusting and buffering agents, tonicity adjusting agents, wetting agents and the like, for example, sodium acetate, sodium lactate, sodium chloride, potassium chloride, calcium chloride, sorbitan monolaurate, triethanolamine oleate, etc.

Other Reference Publication (102):

Krane et al., "Increased dermal expression of platelet-derived growth factor receptors in growth-activated skin wounds and psoriasis" J. Invest. Dermatol. (1991) 96:983-986.